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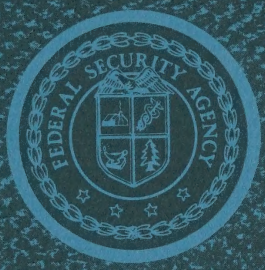

Annual Report of the

FEDERAL SECURITY AGENCY

1950

Office of Vocational Rehabilitation

HD7123.U3 1950

The Annual Report of the Federal Security Agency contains the Administrator's report and the reports of all the Agency's constituent organizations. In addition, the following reports are issued as separate reprints:

THE ADMINISTRATOR'S REPORT

SOCIAL SECURITY ADMINISTRATION

PUBLIC HEALTH SERVICE

OFFICE OF EDUCATION

FOOD AND DRUG ADMINISTRATION

OFFICE OF VOCATIONAL REHABILITATION

SAINT ELIZABETHS HOSPITAL

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Office of Vocational Rehabilitation

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Letter of Transmittal

FEDERAL SECURITY AGENCY,
OFFICE OF VOCATIONAL REHABILITATION,
Washington, D. C., October 30, 1950.

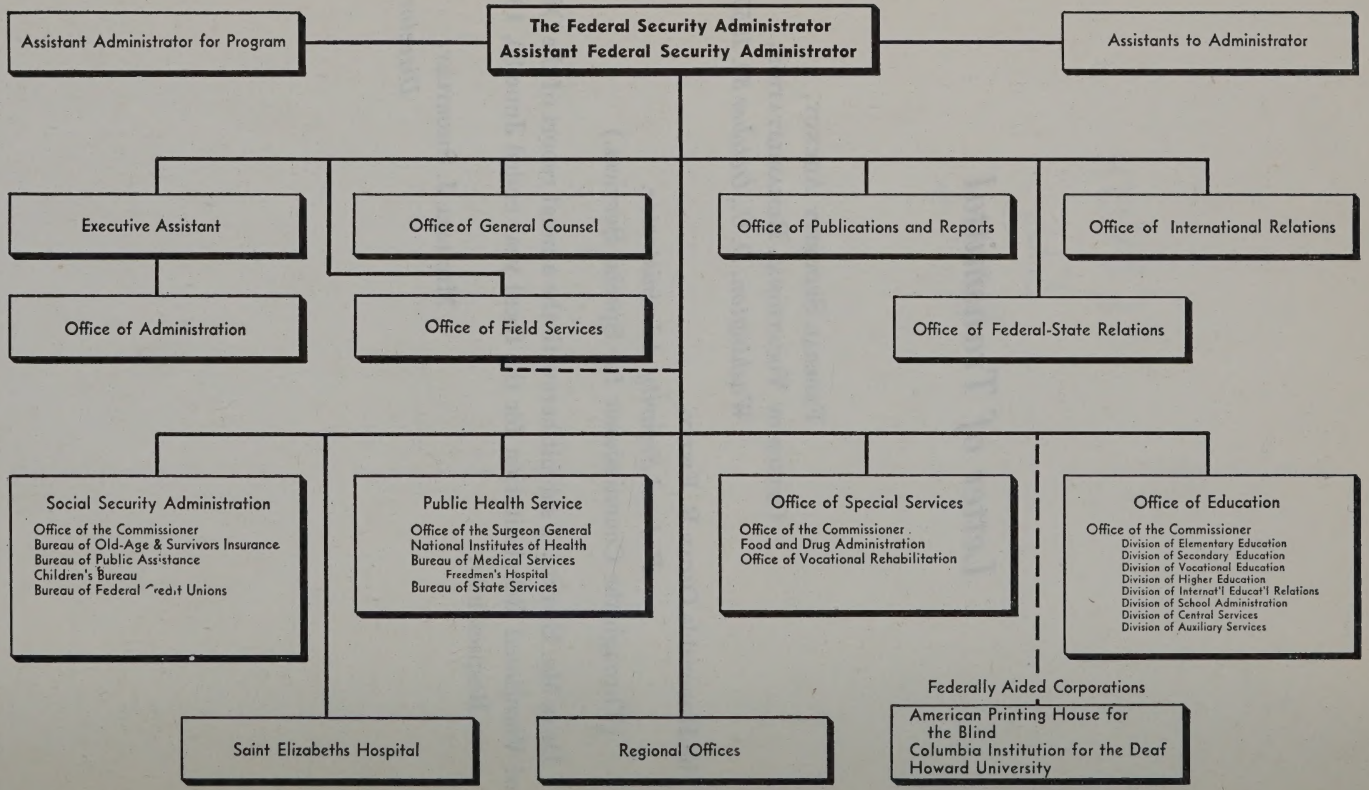
The Honorable OSCAR R. EWING,
Federal Security Administrator.
(Through the Commissioner for Special Services.)

DEAR MR. EWING: I submit herewith the annual report of the Office of Vocational Rehabilitation for the fiscal year ended June 30, 1950.

Respectfully,

MICHAEL J. SHORTLEY,
Director.

FEDERAL SECURITY AGENCY



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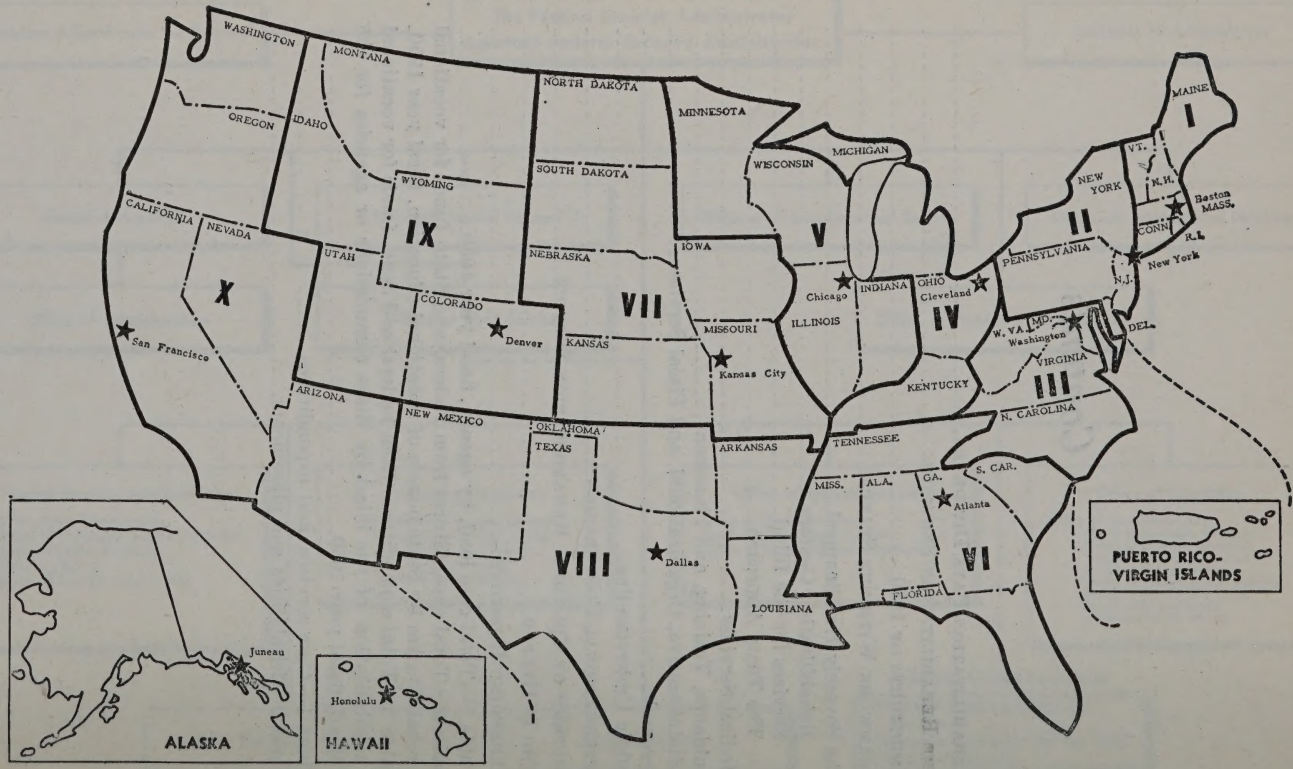
REGIONAL OFFICES OF THE FEDERAL SECURITY AGENCY



Office of Vocational Rehabilitation

For the third successive year, the State-Federal partnership system of vocational rehabilitation for disabled civilians established a new record in preparing handicapped men and women for and placing them in self-supporting jobs.

During the 1950 fiscal year, 59,597 persons were fully rehabilitated into employment, compared with 58,020 in the preceding fiscal year. This record was achieved despite increased cost of services and a rise in the number of severely handicapped persons who required more extensive and costly services.

The yearly total of rehabilitants apparently has reached the potential peak for funds and facilities at the present level.

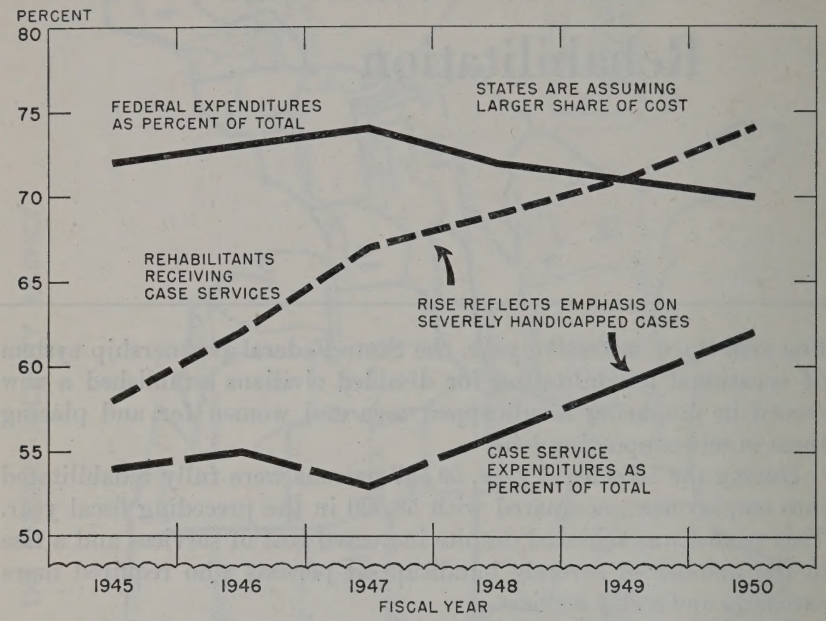
The program is operated in all 48 States, the District of Columbia, Hawaii, and Puerto Rico under the Federal Vocational Rehabilitation Act and companion State statutes. Continued lack of Territorial funds again prevented Alaska from carrying out its approved plan of operation during the year.

Vocational rehabilitation is provided to persons who have substantial employment handicaps by reason of a physical or mental disability. The purpose is to develop, preserve, or restore their work capacity, and the objective of every rehabilitation is permanent, safe, and satisfactory employment.

Federal grants-in-aid to the States cover all administrative, counseling, and placement costs and half the cost of the other services provided. Under this arrangement, Federal expenditures in the fiscal year were 20.3 million dollars and State expenditures approximately 9 million dollars. A downward trend in the Federal Government's share of the total cost of the program has been noticeable during the past few years, as shown in chart 1.

Chart 1.—CASE SERVICES AND EXPENDITURES

Percent of rehabilitants receiving training, physical restoration, or auxiliary services,[1] and percent of case service and Federal expenditures to total expenditures.



[1] These services were in addition to guidance, counseling, and placement services that all rehabilitants receive.

All told, 87 State agencies are in partnership with the Office of Vocational Rehabilitation, including 35 agencies in States which have special boards or commissions serving the blind exclusively.

Rehabilitation Pays Dividends

Rehabilitation, to paraphrase Shakespeare, is more than twice blessed, blessing not only the men and women who receive the services, the employer for whom they work, and the community in which they live, but also the State and Federal Governments and private agencies which give the services.

The dividends to Government are many-fold. Surveys show that, at the time services began, most rehabilitants were unemployed. Those who were working were earning at a combined rate of 17 million dollars a year in temporary or unsafe or otherwise unsuited jobs, and paying little or no income tax.

After rehabilitation, they were earning at the combined rate of 93 million dollars a year in suitable jobs, and they were paying income taxes estimated at approximately 5.5 million dollars a year to the Fed-

eral Government alone. At this rate, within 4 years they will repay in Federal income taxes the entire 20.3 million dollars expended by the Federal Government on the program in 1950. During their working lives they will repay $10 for every Federal dollar spent on their rehabilitation. In addition, of course, they will be paying State and local taxes.

Looking at the economic aspect in another way, the cost of operating the program last year was $492 per rehabilitant, an expenditure made only once. Without rehabilitation, disabled persons frequently must depend on public assistance, typical costs of which range from $500 to $1,400 a year, sometimes even more for large families—a cost which may continue for many years.

The dividend to the individual receiving the services cannot be measured in dollars and cents alone, although the increase in rate of income from 17 million dollars to 93 million dollars for the rehabilitated group as a whole is tangible enough evidence of economic betterment. An even greater dividend is the gain in self-respect to the individual whom vocational rehabilitation has converted from a state of dependency on others to one of economic independence, returning him to the role of family breadwinner in many cases.

The employer receives his dividends in the productive work accomplished. Exhaustive surveys have shown that handicapped workers are as reliable, capable, and productive as the average nondisabled worker and that many handicapped employees are above the average.

The benefit to the community is the fruit of the handicapped person's effort and the addition of a useful citizen and taxpayer participating in social, economic, and religious activities, instead of being dependent on others. This is especially important today, when the Nation's manpower resources for military and civilian needs are being strained to the utmost.

The Rehabilitation Services

Vocational rehabilitation is achieved through a carefully worked-out combination of services geared to the need of each individual. In the list below, the services numbered 1, 2, 5, 8, and 9 are provided at no cost to the individual. Public funds may be used to defray the cost of the others to the extent of the individual's inability to pay.

(1) Medical examination to learn extent of disability, establish work capacity, and help determine eligibility; (2) individual counsel and guidance and psychological testing to help select the right job objective; (3) medical, surgical, psychiatric, and hospital services to remove or reduce the disability; (4) artificial limbs and appliances to increase work ability; (5) training in schools, by correspondence, or

on-the-job to exploit the best work skills; (6) maintenance and transportation during treatment or training; (7) occupational tools, equipment, or licenses for a fair start on the job; (8) placement in a job commensurate with the individual's highest physical and mental capacities; and (9) follow-up after placement to insure that the individual and the employer are satisfied.

Some disabled men and women require all the services, others only a few. In every instance, services are provided after a careful analysis of the individual's need, and all are directed toward obtaining a suitable job.

The program is intended primarily for civilians, but also covers many veterans of the Armed Forces who are not eligible for the benefits of special veterans legislation.

Between 1.5 and 2 million disabled persons in the country need these rehabilitation services, according to the best available estimates. Every year about 250,000 persons are disabled by chronic illness, congenital defects, and accidents to the extent that they need such services.

Highlights of 1950

(1) Besides the 59,597 fully rehabilitated during the past year, 11,946 were employed on June 30 but still under observation to assure proper job adjustment and 13,375 were ready for jobs.

(2) The use of a team of various specialists to bring all needed services to amputees was inaugurated successfully in several States. As a result of the success of this pilot program, this team approach will be extended throughout the country.

(3) Standards were set for establishing and operating new or expanded rehabilitation centers, following a survey of the physical plants and methods of several existing centers.

(4) OVR participated in drawing up a coordinated international program for rehabilitation of the disabled through the United Nations and other international agencies.

(5) The first guidebook for teaching the blind in the Nation's 3,000 vocational schools and the first handbook on rehabilitation of the mentally retarded were published.

(6) The first national Conference on Workmen's Compensation and Rehabilitation, jointly sponsored by the Federal Security Agency and the Department of Labor, and the first national Conference of State Rehabilitation Workers for the Aural Disabled drew wide participation from public and private agencies.

(7) The number of persons receiving services increased notably in several categories, as compared with those in the fiscal year 1949. The increase was 26 percent for medical, psychiatric, surgical, and

dental treatments; 15 percent for prostheses and surgical aids; 29 percent for training and training materials; and 13 percent for occupational tools and equipment.

Teamwork With the States

The Office of Vocational Rehabilitation functions administratively under the Director through two operating divisions. The Division of Rehabilitation Standards is composed of three branches, Guidance, Training, and Placement; Physical Restoration; and Services for the Blind. The Division of Administrative Standards has two branches, State Administrative Planning and Survey, and Fiscal and Statistical Analysis. An Information Service under the Director serves to promote public understanding of the program.

The principal responsibilities of the OVR staff in Washington and its representatives in each of the 10 regional offices of the Federal Security Agency are to certify grants-in-aid and to supply leadership and technical assistance to the States, which actually operate the program in the field.

The working relationships OVR maintains and fosters with other Federal agencies, private organizations, and professional groups are an important phase in furthering the program in the States and local communities. During the past year, for example, OVR maintained cooperative relationships with more than 50 national agencies and organizations, private and public, which provide channels for extending services to the disabled.

Some of these relationships are maintained through the 24 cooperative agreements now in effect and supplemented by active working arrangements at local levels. Others are effected through conferences, joint projects, and continuous contacts on matters of mutual concern.

One of the best examples of this cooperative endeavor is OVR's work with the States' Vocational Rehabilitation Council, composed of the directors of the 87 agencies in the State-Federal program. The Council carries on most of its work through special committees, which make studies and recommendations on such matters as the development of standards and techniques for services relating to various categories of disablement. On each of these committees, 14 of which were active during the last year, an OVR representative serves as a consultant to provide broad or specialized guidance as occasion requires.

An example of cooperation with nongovernmental groups was the collaboration with the American Association of Mental Deficiency, which resulted in publication of a handbook on rehabilitation of this disability group, written by 10 national authorities in the field.

Other groups and agencies with which OVR cooperated on various projects, in addition to other constituents of the Federal Security Agency, were the National Psychological Research Council for the Blind, the United States Employment Service, the Bureau of Labor Statistics, the Department of Commerce, and the Bureau of Labor Standards.

Day-to-day operations between OVR and the various State agencies are governed by formal agreements known as State plans, which in effect constitute a description of their vocational rehabilitation programs. Each plan must meet certain approved standards to qualify that State for Federal grants-in-aid, and each must be amended whenever necessary to reflect any significant change in Federal or State law, organization, policy, or methods.

During the past few years, many States have been codifying their State plans to make them more effective working documents, and to include amendments required because of revisions in Federal regulations issued in July 1948. During the year, 23 codified plans were approved by OVR, bringing the total to 34. Fifteen more plans had been submitted but were awaiting approval at the end of the year.

Within the framework of these plans, OVR assists the States to streamline their operational patterns, to expand their programs, and to adopt the latest techniques in casework procedures. This assistance is given by constantly reviewing and evaluating their program operations. Fourteen comprehensive surveys were made last year to accomplish these purposes.

THE SEVERELY HANDICAPPED

The most difficult problem in vocational rehabilitation, one calling for increased efforts and new techniques and facilities, is that of meeting the needs of the severely handicapped. This group includes the blind, paraplegics, epileptics, mentally ill, cerebral palsied, unschooled deaf, and certain amputees and others with disabling ailments requiring extensive services. The growing number of persons in this group who are being served has raised the average cost of rehabilitation cases and lengthened the average time required to complete the rehabilitation process.

Rehabilitation Centers

Rehabilitation of many of the severely handicapped is best accomplished in rehabilitation centers, where a variety of coordinated services can be provided. The Federal Security Agency has set as a goal the establishment of 18 such centers by 1960 to help meet the problem. Present facilities fall far short of the goal, but substantial progress was made during the year through planned expansion of existing facilities in eight States.

To accelerate this trend, OVR worked with a committee of State personnel in a survey of operations, physical plant, and services of several centers now in operation and developed policies and standards for use in all States.

Services for the Blind

Problems of the blind in rural areas came in for special attention. Assistance in establishing a curriculum and standards and in laying out the physical plant was furnished a private agency which recently established a farm school for the blind in Cincinnati, Ohio. The school is being used by public agencies in the region.

To open other new and suitable employment opportunities for the blind, analyses were made of many jobs in industrial and rural activities, a continuation of surveys that have built up an established list of 82 fully tested jobs, industrial and rural, in which blind workers can perform as satisfactorily as the sighted.

The Team Approach

The team method offers a new approach to rehabilitation in severe disability cases. The team, representing the specialties of vocational counseling, orthopedic surgery, physical medicine including the therapies, limb making, and social work, has brought to every amputee being served by State agencies in New England and by the District of Columbia program the same high quality of services furnished to veterans, together with the improvements developed under the guidance of the National Research Council's Committee on Prosthetic Devices. The fitting and operational efficiency of artificial limbs, for example, have been greatly improved.

This team method for amputees is being extended as rapidly as possible to all parts of the country, but perhaps as important a development potentially is the extension of the method to other types of disabilities. During the observance of Hearing Week, the District of Columbia Rehabilitation Service demonstrated the method of treating clients handicapped by hearing disabilities, an otologist, replacing the orthopedist, and a psychiatrist as members of the team. Plans are under way for the evaluation of cardiac disorders by applying the same procedure at all heart clinics in the District.

MEDICAL SERVICES

In the field of medical services, OVR provided consultative service to the States through field visits by four medical officers, a psychiatric social work consultant, and a physical restoration analyst.

The importance of the counselor's understanding the emotional problems of all of the disabled continued to be emphasized. In addition, assistance was given 11 States in developing local psy-

chiatric services. In cooperation with the National Institute of Mental Health, State agencies were kept abreast of developments under the National Mental Health Act.

Substantial work was done by the OVR staff on a pilot project, inaugurated by the Public Health Service, Gallinger Hospital, and the District of Columbia Rehabilitation Service, on the rehabilitation of the chronically ill. The Nation-wide potentialities of such a project can be appreciated in the light of estimates that as many as one out of every four beds in public general hospitals could be emptied by a complete rehabilitation program for the chronically ill.

GUIDANCE, TRAINING, AND PLACEMENT

Guidance and counseling make up the continuous service that ties all other parts of the rehabilitation process into an organized plan for each handicapped individual. The service is not limited to one part of the process only, but is present in case study, planning, preparation, seeking an employment opportunity, and follow-up on the job. The counselor is the key worker on the State agency staff, and much of OVR's effort is directed toward helping to improve the counselor's functioning on a high professional level.

Illustrative of assistance given by OVR in this area are the following activities: suggesting policies for integrating counselor and clinical psychological services, promoting the development of a rehabilitation program for the unschooled but educable deaf, promoting greater use of occupational information, and improving standards for staff development and rehabilitation training.

Technical materials furnished the States covered a wide variety of subjects. More than 40 State agencies were given consultative services on psychological programs, staff development, serving special disability groups, and development of community resources.

To promote staff development, three major workshop conferences were conducted during the year. The first, at the regional level, laid particular emphasis upon the supervisor-counselor relationship. Twenty-five State administrators and supervisors participated.

The second was the first institute dealing with the special rehabilitation needs of the deaf and the hard of hearing. The third was the third annual workshop, attended by some 30 State supervisors of guidance, training, and placement. Altogether, 71 State rehabilitation workers from 63 agencies participated. Many interested persons from Government or cooperating organizations attended these sessions.

An increasing amount of staff time was devoted to regional, State, or locally sponsored training programs, including direct participation in seven during the fiscal year. Other staff development activities included two refresher courses for industrial employment specialists for

the blind, advice to State agencies on summer school courses, and assistance in developing guides for counselor training.

ADMINISTRATIVE, ORGANIZATIONAL, AND FISCAL SERVICES

In working with the States, emphasis continued to be placed on means of securing the most effective administration, the achievement of a common understanding of objectives and methods, and the development of operating plans, organizational, fiscal, and administrative.

The importance of community support led to a review of State general advisory councils. As a result, State agencies were urged to foster the growth of State-wide and local advisory councils.

Standards and policies in such administrative areas as the preparation of State budgets, financial reports, fiscal audits, and the organization of State agencies for the blind were issued in the OVR Manual. Numerous documents providing administrative tools and information were also issued to the States, including nine comprehensive statistical studies.

These endeavors have been supplemented by aid to particular States on administrative problems, including five comprehensive, on-the-spot surveys, and by consultative services for planning long-term operating programs. Special studies and research were undertaken in such administrative fields as the preparation of instructions for counselors in agencies for the blind, the development of a system for periodic evaluation of State agency operations, and analysis of proposed legislation.

RESEARCH

Research activities, so necessary for sound program planning, received increased attention during the year. One study of fundamental significance resulted in up-to-date information on the prevalence of disability. With data from other sources, it provides a basis for estimating more accurately the number of persons needing vocational rehabilitation.

Progress was made in a follow-up study of State agency activities for severely disabled persons who have been served at rehabilitation centers. Preliminary planning was begun on a pilot follow-up study of tuberculous rehabilitants in cooperation with the National Tuberculosis Association.

A study of the characteristics of and services to the deaf and hard of hearing rehabilitated in the 1947, 1948, and 1949 fiscal years was made at Gallaudet College by graduate students under OVR supervision.

With assistance from the National Psychological Research Council for the Blind, a comprehensive survey of hitherto unpublished re-

search on the psychological aspects of blindness was completed. Research implications in an intensive pilot program of personal adjustment and prevocational training for unschooled deaf persons were studied.

PUBLIC UNDERSTANDING

Efforts to increase public understanding of the vocational rehabilitation program appeared more successful than during any preceding year. Inquiries based on newspaper articles were received in greater volume. Professional journals carried more articles explaining the content of the program in specialized fields.

Magazines of general circulation and religious magazines manifested greater interest in the subject and carried more information than in preceding years. One pamphlet, Brass Tacks, which explains the economic and social aspects of the program, was reordered twice to meet an exceptionally heavy demand. The distribution of explanatory pamphlets was continued at about the same rate as in previous years, organizations having related interests cooperating in many instances.

Since a large proportion of workers are not yet familiar with the services available to them and their disabled friends and relatives, labor organizations offer a broad field for dissemination of information about the program. Supplementing its efforts to inform the general public and professional groups, the Information Service expanded its labor information program by wider display of exhibits and distribution of pamphlets at labor conventions and meetings and preparation of special articles illustrating the types of services available under the program for publication in union publications. Many such special articles appeared in journals and official publications of international unions for the first time during the past year.

Conferences with labor leaders in many States were the initial step in launching such programs as that in Tennessee, where the objective was to get information to every local of the American Federation of Labor, the Congress of Industrial Organizations, and independent unions.

The OVR's information staff continued to prepare draft materials for use by State agencies in explaining the program to the public in newspapers, radio appearances, and exhibits, and at meetings with scientific groups. The OVR continued to maintain, and actually increased, its advisory and technical assistance to the States.

International Cooperation

Because of the growing interest of other nations in rehabilitation, OVR's cooperative activities in the international field covered a wider

range than ever before. In addition to preparing statements of official United States policy on rehabilitation for use by the United States delegation to the United Nations Social Commission, the OVR fostered inclusion of demonstration projects in rehabilitation in underdeveloped areas as part of the President's Point Four program, and cooperated with the Federal Security Agency's Office of International Relations on various other international programs.

The Director of OVR, during his attendance at the International Conference of Workers for the Blind in Oxford, England, assisted in planning rehabilitation programs for blind and other disabled persons in Europe.

OVR also held membership on the United States delegation to the UN for evaluating the UN Fellowship program. During the year, the Office planned and supervised a program of observation for eight UN Fellows and assisted about 15 other foreign visitors in their study of rehabilitation processes in this country.

The plans and procedures now in effect for participation by OVR and State agencies in the program of resettling displaced disabled persons were developed with the International Refugee Organization and voluntary agencies in this country.

District of Columbia Rehabilitation Service

The District of Columbia Rehabilitation Service, administered directly by the OVR, rehabilitated 381 disabled men and women during the past fiscal year. The caseload totaled 2,373 disabled persons.

The Rehabilitation Service participated in the 20th Annual Scientific Assembly of the District of Columbia Medical Society, demonstrating the team approach in the evaluation of needs of orthopedic clients. As a result of this experience, a biweekly clinic was established, composed of a private orthopedist and a psychiatrist, a medical consultant, a medical social work consultant, and a rehabilitation counselor from the Rehabilitation Service staff, and a representative from each of the limb manufacturing firms in the District of Columbia.

The success of the orthopedic clinics promoted the extension of such evaluative techniques to other types of disabilities. Under joint sponsorship of the Washington Heart Association and the Rehabilitation Service, the first Cardiac Rehabilitation Conference was held, attended by representatives of health and welfare agencies of the District of Columbia.

As a part of its staff development program, the Rehabilitation Service held a one-week in-service training institute on psychological services. At the request of the Rehabilitation Service, the District of Columbia Psychological Association established a special committee

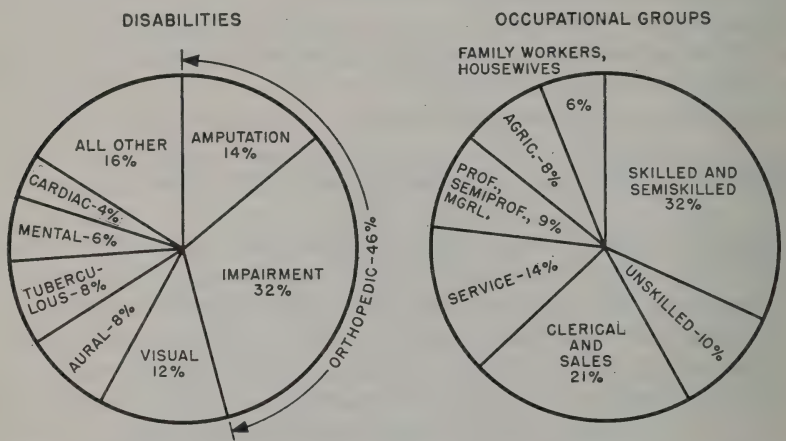
to help establish a panel of qualified psychologists. Counselors will continue to evaluate routine cases, but the more serious cases, involving the deaf, blind, epileptic, cerebral palsied, mentally deficient, and emotionally disturbed, will be referred to members of the proposed panel.

Who Is Helped

It is impossible to draw a composite picture of the average person who is rehabilitated, but a study of the cases handled through the various State offices reveals many interesting facts. Detailed statistics for the fiscal year 1950 had not been tabulated in time to be included

Chart 2.—DISABILITIES AND PLACEMENTS

Percent of rehabilitants by type of disability at acceptance and occupation at closure, fiscal years 1946–49.



"Orthopedic" includes all disabilities of extremities and back. "All Other" includes hernia, ulcers, asthma, and speech defects.

in this report, but a review of the 5-year period, 1945–49, will provide perhaps an even more comprehensive indication of trends.

Almost three-fourths of the 233,062 disabled persons rehabilitated during the period 1945–49 were men. The relative number of women increased, however, from 18 percent in 1945 to 31 percent in 1949. The median age of all rehabilitants was 30 years.

About three-fourths were unemployed when they were accepted for services, including 15 percent who had never worked. The remaining one-fourth were employed in jobs which were temporary, which their disability made hazardous for them or their fellow-workers, or for which they were otherwise unsuited.

Two out of five rehabilitants had at least one person dependent on them. An even larger proportion, almost three out of five, were dependent upon sources other than their wages for support. Nearly half of the rehabilitants were dependent on their families. Almost one out of every 10 was receiving public assistance. Less than one in 10 was receiving insurance benefits at the time of acceptance, benefits usually of temporary duration.

The largest category of disabilities was that generally designated as orthopedic, consisting of amputees or those with impairments of the extremities or back, which totaled 109,569 cases. The proportion of the various disabilities to the total is shown in chart 2.

The increase in the various types of disability varied widely over the 5-year period, as is shown in the following tabulation:

Disability	1945	1949	Percentage increase
Total	41,925	58,020	38
All orthopedic	20,900	25,578	22
Cerebral palsy	575	892	55
Poliomyelitis	2,505	3,541	41
Amputations and other	17,820	21,145	19
Visual	4,945	7,061	43
Aural	3,120	5,087	63
Cardiac	1,784	2,284	28
Tuberculous	2,651	4,738	79
Epileptic	318	1,064	235
Other mental	2,111	2,774	31
All other [1]	6,096	9,434	55

[1] Includes speech defects, hernia, ulcers, and asthma.

The jobs the rehabilitated men and women were placed in, the vast majority of them better paying than the ones they may have held before services were extended, are shown in chart 2.

Expanding Horizons

Great progress has been made during the 30 years the vocational rehabilitation program has been in operation, especially during the last 7 years. Since the program was broadened in scope under the spur of the war manpower shortage in 1943, more than 335,000 men and women have been rehabilitated into self-supporting jobs. In the preceding 23 years, under limited legislative authority, the total number rehabilitated was only 210,000.

A still bigger job lies ahead. Between 1.5 to 2 million men and women throughout the Nation are so handicapped by physical or mental disabilities that they require vocational rehabilitation services to help them toward economic independence.

Every year about 250,000 persons are disabled by chronic illness, congenital defects, and accidents to the degree that they need these services to become self-supporting. At the present program rate of

approximately 60,000 rehabilitations a year, only a fraction of the total number of handicapped persons needing services are getting them.

Clearly, increased effort is called for. But an enlarged program will require an increase in both facilities and personnel. The demand on existing facilities where comprehensive services are provided, particularly for the severely disabled, is already far beyond their present capacity. Only by establishing new rehabilitation centers and expanding some of those now in operation can the needs of the severely handicapped be met.

Workshops and adjustment centers for the blind and other severely handicapped persons are urgently needed, too, and, for those who are homebound, authorization will be required to provide additional services peculiar to the needs of this group. Enlargement of research facilities is essential to improve services within all disability categories.

Experience has shown the need for providing Federal funds to help finance the vending stand program for the blind under the Randolph-Sheppard Act. In addition, the success achieved in the existing program of establishing blind persons in small business enterprises has demonstrated the advisability of making such occupational opportunities available to other severely disabled persons.

Staffing these facilities and providing the various services for a greatly augmented caseload will make it necessary to increase trained professional personnel, of course, but the success of the enlarged program as a whole depends upon funds commensurate with its magnitude and, in some of its phases, broadened legislative authority. Proposals for Federal legislation to expand the program include provision for the continued increase in the States' share of the program cost, for eventual transition to a variable-grant method of financing, and for limitation of the Federal matching obligation to a fixed amount set forth each year in the Federal appropriation act.

The necessity for prompt measures to carry out such a program has become more pressing as a result of national defense plans. A vast expansion of our military forces and increased production on all fronts is being undertaken today without the reservoir of unemployed manpower that existed 10 years ago.

The Nation's 2 million handicapped men and women constitute one of the few sources at hand to supply ever growing manpower requirements. By preparing handicapped men and women to take their places in the mobilization effort, the vocational rehabilitation program can make a major contribution toward meeting the Nation's total manpower needs.

Table 1.—*Total case load, by agency, fiscal year 1950*

[Corrected to August 1950]

Agency [1]	Total	Number closed during fiscal year 1950					Number on rolls, June 30, 1950	
		From active case roll				From referred status [4]	Active case roll [5]	In referred status [6]
		Employed (rehabilitated)	Unemployed [2]	Transferred to another agency	Other reasons [3]			
Total	384,367	59,597	4,087	796	20,303	65,493	140,941	93,150
Alabama	10,616	1,582	153	10	295	895	4,386	3,295
Arizona	1,449	216	21	4	22	207	531	448
Arkansas	6,519	828	30	12	374	1,481	2,302	1,492
California	35,878	4,747	393	78	2,082	8,051	10,709	9,818
Colorado:								
General	2,470	444	6	67	171	386	838	558
Blind	223	24	0	1	12	35	65	86
Connecticut:								
General	5,741	942	170	25	314	482	3,014	794
Blind	243	47	25	5	6	18	92	50
Delaware:								
General	1,705	423	32	6	126	255	745	118
Blind	96	15	5	6	8	7	52	3
District of Columbia	2,373	381	104	10	194	322	1,019	343
Florida:								
General	9,072	1,685	119	33	328	1,688	3,508	1,711
Blind	2,939	220	49	3	92	1,065	692	818
Georgia	25,807	2,859	88	14	717	4,103	6,764	11,262
Hawaii:								
General	1,942	133	24	4	24	177	645	935
Blind	175	25	0	0	18	28	69	35
Idaho:								
General	1,334	119	5	5	26	395	255	529
Blind	123	10	0	1	5	17	51	39
Illinois	14,077	3,420	114	8	941	1,461	6,778	1,355
Indiana:								
General	5,691	1,016	81	32	292	447	3,217	606
Blind	470	87	8	2	28	11	276	58
Iowa:								
General	4,957	918	32	0	295	642	2,030	1,040
Blind	304	29	1	0	6	147	73	48
Kansas:								
General	3,830	595	51	13	191	981	1,169	830
Blind	280	42	1	4	32	43	95	63
Kentucky	6,926	652	37	7	395	2,076	1,580	2,179
Louisiana:								
General	6,640	1,350	55	23	436	798	2,940	1,038
Blind	1,037	90	9	2	14	224	319	379
Maine:								
General	1,745	232	42	2	127	258	567	517
Blind	133	22	7	1	5	28	50	20
Maryland	5,512	818	49	12	304	473	2,379	1,477
Massachusetts [7]	4,578	570	26	2	170	536	1,566	1,708
Michigan:								
General	21,841	4,377	560	40	437	2,206	9,745	4,476
Blind	791	162	23	8	110	105	307	76
Minnesota:								
General	5,436	572	61	6	176	777	2,442	1,402
Blind	677	126	6	1	16	125	311	92
Mississippi:								
General	5,471	867	79	6	181	1,514	1,355	1,469
Blind	833	111	29	1	51	157	381	103
Missouri:								
General	6,043	1,210	17	7	142	838	2,680	1,149
Blind	754	133	25	4	38	108	321	125
Montana:								
General	2,096	361	13	4	33	392	823	470
Blind	179	12	3	0	14	17	55	78
Nebraska:								
General	1,849	461	25	3	24	195	916	225
Blind	342	44	1	0	9	47	120	121
Nevada	446	47	0	0	43	165	159	32
New Hampshire:								
General	769	90	10	9	75	182	245	158
Blind	104	25	0	0	14	11	42	12

See footnotes at end of table.

Table 1.—*Total case load, by agency, fiscal year 1950*—Continued

[Corrected to August 1950]

Agency [1]	Total	Number closed during fiscal year 1950					Number on rolls, June 30, 1950	
		From active case roll				From referred status [4]	Active case roll [5]	In referred status [6]
		Employed (rehabilitated)	Unemployed [2]	Transferred to another agency	Other reason [3]			
New Jersey:								
General	4,994	1,150	98	20	224	663	2,248	591
Blind	834	115	58	1	75	210	340	35
New Mexico:								
General	1,173	180	5	1	27	225	394	341
Blind	157	15	4	0	12	29	49	48
New York:								
General	20,262	3,249	396	12	3,558	2,757	7,798	2,492
Blind	1,495	209	35	5	102	140	577	427
North Carolina:								
General	10,532	2,625	42	6	404	1,485	3,783	2,187
Blind	1,861	242	11	11	60	417	896	224
North Dakota	1,492	194	8	2	34	256	414	584
Ohio:								
General	6,359	1,161	54	18	370	1,109	2,293	1,354
Blind	1,446	172	12	33	65	239	579	346
Oklahoma	6,478	1,040	24	11	517	525	3,465	896
Oregon:								
General	5,284	491	24	4	260	905	1,650	1,950
Blind	406	43	3	17	24	97	128	94
Pennsylvania:								
General	20,756	2,929	98	24	2,099	5,821	5,649	4,136
Blind	4,182	252	29	5	99	1,314	993	1,490
Puerto Rico	4,514	577	47	0	175	582	1,395	1,738
Rhode Island:								
General	1,465	185	24	5	38	228	801	184
Blind	142	24	0	5	5	2	88	18
South Carolina:								
General	8,251	1,751	67	18	181	1,387	3,072	1,775
Blind	555	82	9	1	41	103	175	144
South Dakota:								
General	800	102	0	3	22	81	382	210
Blind	123	26	0	0	5	12	48	32
Tennessee:								
General	8,189	1,624	53	13	216	1,833	2,698	1,752
Blind	1,045	63	17	3	53	178	427	304
Texas:								
General	15,169	2,016	73	19	552	1,672	5,986	4,851
Blind	2,914	229	13	2	85	1,013	583	989
Utah	2,288	313	22	8	79	397	883	586
Vermont:								
General	1,007	158	13	0	55	160	402	219
Blind	158	16	0	0	6	30	67	39
Virginia:								
General	9,836	1,289	46	17	708	2,350	3,517	1,909
Blind	321	17	31	6	12	136	48	71
Washington:								
General	5,632	701	46	4	101	829	2,055	1,896
Blind	270	53	1	7	16	22	123	48
West Virginia	12,890	1,722	37	8	439	2,500	4,421	3,763
Wisconsin:								
General	6,885	1,223	82	12	138	681	3,417	1,332
Blind	323	43	7	3	21	80	111	58
Wyoming	1,363	177	9	11	12	449	308	397

[1] In States which have 2 agencies, the agency under the State board of vocational education is designated as "general," and the agency under the State commission or other agency for the blind is designated as "blind."

[2] Closed after rehabilitation plan was agreed upon and approved by supervising official; received rehabilitation service but never reached the point of employment because of personal factors, illness, aggravated disability, etc.

[3] Closed following acceptance during process of counseling or prior to initiation of rehabilitation plan, because of indifference of client, probable increase in degree of disability of client, loss of contact with client, etc.

[4] Service declined, services not needed, individual not eligible, individual needing services other than vocational rehabilitation, referred to other agencies, migratory shifting of the individual, etc.

[5] In process of rehabilitation on June 30, 1950.

[6] Eligibility for rehabilitation not determined.

[7] Rehabilitation program of the Massachusetts Division of the Blind not in operation.

Table 2.—*Total expenditures from Federal and State funds for vocational rehabilitation by State Boards of vocational education, fiscal year 1950* [1]

State or Territory	Federal and State funds			Classification of expenditures		
	Total	Federal	State	Administration	Vocational guidance and placement services	Purchased services
United States, total	$26,419,136	$18,107,469	$8,311,667	$1,492,986	$8,246,283	$16,679,867
Alabama	821,532	520,526	301,006	35,549	183,971	602,012
Arizona	108,496	73,322	35,174	7,568	30,580	70,348
Arkansas	412,263	288,046	124,217	21,580	142,250	248,433
California	2,300,024	1,613,742	686,282	89,140	835,044	1,375,840
Colorado	169,098	125,896	43,202	8,811	73,883	86,404
Connecticut	497,588	361,118	136,470	33,381	191,268	272,939
Delaware	180,191	122,887	57,304	10,631	54,953	114,607
Florida	761,730	511,646	250,084	32,387	229,176	500,167
Georgia	1,300,146	895,097	405,049	69,615	420,434	810,097
Idaho	53,578	37,899	15,679	2,254	19,966	31,358
Illinois	1,764,634	1,162,310	602,324	125,065	434,921	1,204,648
Indiana	528,556	339,425	189,131	32,196	118,098	378,262
Iowa	300,416	219,707	80,709	27,633	111,365	161,418
Kansas	247,607	171,786	75,821	16,446	79,519	151,642
Kentucky	258,247	178,820	79,427	22,309	77,085	158,853
Louisiana	643,825	441,936	201,889	30,361	209,687	403,777
Maine	122,151	84,164	37,987	10,147	36,030	75,974
Maryland	372,175	270,685	101,490	20,847	148,349	202,979
Massachusetts	324,007	248,940	75,067	22,955	150,918	150,134
Michigan	1,644,980	1,107,839	537,141	111,758	458,941	1,074,281
Minnesota	287,477	197,647	89,830	19,665	87,792	180,020
Mississippi	417,364	294,907	122,457	25,621	146,830	244,913
Missouri	489,667	350,329	139,338	23,939	187,052	278,676
Montana	161,556	118,221	43,335	10,288	64,599	86,669
Nebraska	208,540	141,952	66,588	15,320	60,044	133,176
Nevada	24,105	18,354	5,751	1,004	11,599	11,502
New Hampshire	60,689	40,697	19,992	5,726	14,979	39,984
New Jersey	412,871	298,818	114,053	31,097	153,669	228,105
New Mexico	107,686	71,224	36,462	8,658	25,933	73,095
New York	1,349,497	984,801	364,696	104,107	513,711	731,679
North Carolina	831,293	515,742	315,551	33,039	167,152	631,102
North Dakota	123,903	81,130	42,773	10,312	28,046	85,545
Ohio	459,588	319,876	139,712	26,720	153,444	279,424
Oklahoma	614,472	424,522	189,950	20,870	213,702	379,900
Oregon	301,515	210,710	90,805	14,456	105,449	181,610
Pennsylvania	1,726,785	1,125,757	601,028	70,847	453,445	1,202,493
Rhode Island	103,892	72,651	31,241	6,900	34,510	62,482
South Carolina	626,496	419,608	206,888	38,141	174,579	413,776
South Dakota	71,160	46,658	24,502	4,829	17,327	49,004
Tennessee	688,595	462,580	226,015	36,870	199,695	452,030
Texas	1,043,239	700,165	343,074	47,184	309,908	686,147
Utah	138,789	101,535	37,254	10,819	53,463	74,507
Vermont	110,604	70,864	39,740	5,436	25,689	79,479
Virginia	567,445	380,578	186,867	25,575	168,136	373,734
Washington	579,534	412,972	166,562	41,173	205,237	333,124
West Virginia	660,744	450,247	210,497	28,497	211,253	420,994
Wisconsin	639,302	432,857	206,445	29,883	195,670	413,749
Wyoming	92,448	70,440	22,008	4,633	43,800	44,015
District of Columbia	220,545	195,545	25,000	27,485	93,899	99,161
Hawaii	168,273	112,564	55,709	10,297	46,559	111,417
Puerto Rico	319,818	207,727	112,091	22,962	72,674	224,182

[1] Based on reports from States, subject to audit.

Table 3.—*Total expenditures from Federal and State funds for vocational rehabilitation of the blind by State commissions or agencies for the blind, fiscal year 1950* [1]

State or Territory	Federal and State funds			Classification of expenditures		
	Total	Federal	State	Administration	Vocational guidance and placement services	Purchased services
United States total	$2,927,688	$2,232,673	$695,015	$223,331	$1,314,346	$1,390,011
Colorado	31,875	24,148	7,727	2,195	14,226	15,454
Connecticut	29,553	24,198	5,355	2,129	16,715	10,709
Delaware	50,302	32,906	17,396	2,519	12,991	34,792
Florida	229,472	175,623	53,849	22,029	99,745	107,698
Idaho	17,137	13,629	3,508	1,093	9,029	7,015
Indiana	69,768	51,055	18,713	5,228	27,115	37,425
Iowa	20,494	16,410	4,084	1,731	10,595	8,168
Kansas	42,631	36,141	6,490	1,767	27,885	12,979
Louisiana	78,547	64,771	13,776	4,948	46,048	27,551
Maine	18,353	15,974	2,379	1,291	12,304	4,758
Michigan	140,298	114,050	26,248	15,231	72,572	52,495
Minnesota	77,079	55,787	21,292	3,310	31,186	42,583
Mississippi	109,127	89,230	19,897	7,630	61,704	39,793
Missouri	107,156	87,967	19,189	8,737	60,042	38,377
Montana	17,869	13,177	4,692	1,891	6,595	9,383
Nebraska	50,820	37,409	13,411	1,485	22,513	26,822
New Hampshire	14,629	11,841	2,788	813	8,240	5,576
New Jersey	101,947	83,870	18,077	5,857	59,937	36,153
New Mexico	14,756	10,800	3,956	1,612	5,232	7,912
New York	322,924	224,165	98,759	18,914	106,492	197,518
North Carolina	289,688	209,413	80,275	26,855	102,284	160,549
Ohio	163,986	126,260	37,726	11,014	77,521	75,451
Oregon	45,975	33,458	12,517	4,096	16,846	25,033
Pennsylvania	289,589	212,293	77,296	19,338	115,660	154,591
Rhode Island	31,354	25,324	6,030	3,026	16,268	12,060
South Carolina	33,428	26,934	6,494	1,724	18,717	12,987
South Dakota	22,595	17,093	5,502	1,819	9,773	11,003
Tennessee	138,020	109,952	28,068	10,628	71,256	56,136
Texas	198,007	156,295	41,712	20,907	93,676	83,424
Vermont	20,680	15,164	5,516	2,688	6,960	11,032
Virginia	31,811	22,419	9,392	2,752	10,276	18,783
Washington	32,959	24,624	8,335	1,038	15,251	16,670
Wisconsin	59,187	50,764	8,423	4,904	37,437	16,846
Hawaii	25,672	19,529	6,143	2,132	11,255	12,285

[1] Based on reports from States, subject to audit.

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